



2007 Permit To Modify Archery Equipment

Section 1 — Must be completed by the applicant

ALS = Automated Licensing System

- Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).
- The first time you acquire a license through ALS, you will be assigned a **lifetime "ALS number"**.
- **The ALS number is your birthdate plus a number randomly issued by the automated system.**

Date of Birth ____/____/____ ALS # ____ (see above)
MM DD YYYY

Last 4 Digits of your Social Security Number _____

If you do not have an ALS number, you MUST provide your social security number.

MANDATORY

Name First		MI		Last		Jr. Sr.	Home Phone () -	Work Phone () -
Mailing Address (Your application cannot be processed if you list only a PO Box Number)						Physical Address		
City			State	Zip Code	Country <input type="checkbox"/> USA <input type="checkbox"/> Other _____			
<input type="checkbox"/> Female	Weight	Height	Hair	Eyes	Occupation			
<input type="checkbox"/> Male								
<input type="checkbox"/> Yes (FWP receives requests for mailing lists. Do you want your <input type="checkbox"/> No name included on lists provided by FWP to requestors? <i>see below</i>								

I hereby declare that all statements on this form are true and correct. I understand that if I subscribe to any false statement in this application I am subject to criminal prosecution. MCA 87-2-104.

X _____

SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
(Faxed or photocopied signature not acceptable.)

_____ Date

Section 2 and 3 — Must Be Completed - See Reverse Side of Application

Section 3 must be completed by a licensed physician, Medical (M.D.) or Osteopathic (D.O.) only.

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

Please Remember:

- This permit must be used with a valid current years hunting license.
- This permit is nontransferable.
- This permit is valid unless permit criteria changes.
- This permit is free-of-charge.
- Invalid or incomplete applications will be returned.
- Questions???s —Call (406) 444-2535

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

Check Your Application:

- ☐ I have filled out MANDATORY Sections 1 and 2.
- ☐ I have signed my application in both Section 1 and 2.
- ☐ I have obtained a licensed physician's (M.D. or D.O.) certification in Section 3.

LICENSES issued through the mail may take two weeks from time of receipt to process.
Please allow adequate time.

Section 2 — Must be completed by the applicant

MANDATORY

The "Permit To Modify Archery Equipment" (PTMAE) allows a person with a permanent disability to use modified archery tackle that supports the bow, and draws, holds and releases the string to accommodate the individual disability (arrows, however, are not exempt, and still need to meet current requirements for the archery season as defined in the annual regulations). Crossbows may not be used during the archery season.

The applicant is required to meet eligibility criteria established by the FWP Commission as listed below.

The "Permit To Modify Archery Equipment" holder may be required to have a companion to assist in aspects of the hunt such as bow set-up and transporting the game animal(s), etc. The companion may also assist the permit holder by hunting (by the legal use of archery equipment only) a game animal that has been wounded by the permit holder when the hunter with a disability is unable to pursue and kill the wounded animal.

Some applicants that qualify under the PTMAE criteria may only need equipment modification to be self-sufficient and are not required to have a companion. However, if a person's disability and situation necessitates assistance, then they must have a companion that can help with those aspects.

I (print your name), _____ hereby affirm that I have read and understood the above regulation, and that I experience one of the conditions listed below which renders me incapable of using legal archery tackle to use for hunting during the archery season.

X _____
SIGNATURE OF APPLICANT – Original Signature Required – Do Not Print _____ Date _____
(Faxed or photocopied signature not acceptable)

Section 3 — Must be completed by a licensed physician (M.D. or D.O. only)

MANDATORY

Montana Fish, Wildlife & Parks requires that an applicant for the "Permit To Modify Archery Equipment" meets at least one of the following criteria as a **PERMANENT** medical condition (check all that apply):

- ☐ Amputation involving 4 fingers at the proximal interphalangeal joint, wrist, elbow or shoulder.
- ☐ Spinal cord injury at the level of T-1 or above, resulting in permanent disability of at least 80% to a hand, wrist, arm or shoulder.
- ☐ Muscle weakness resulting in a permanent disability of the muscles of the shoulder, arm and back used in drawing and holding a bow. (Testing procedures shall use the "***Techniques of Manual Muscle Testing***" by Daniels and Worthingham and be scored on a range of grade 0 to grade 5. The applicant must score grade 3 or worse to qualify for a modified archer's permit.)
- ☐ Impaired range of motion of the shoulder, elbow or wrist that would prohibit the applicant from raising and holding a bow in the horizontal position. The impairment must be of a permanent nature.
- ☐ Coordination deficit. Coordination is the ability to execute smooth, accurate, controlled movement. Incoordination or coordination deficit describes abnormal motor function characterized by awkward, extraneous, uneven or inaccurate movements. This deficit may be caused by central nervous system disorders, including, but not limited to, Parkinson's Disease, Cerebral Palsy, Hemiplegia, Hemiparesis and closed head trauma; or by progressive neuromuscular diseases, such as Muscular Dystrophy, Multiple Sclerosis and Amyotrophic Lateral Sclerosis. The physician must assess the ability of the applicant to use his or her muscles or groups of muscles in a coordinated manner necessary to adequately and safely shoot a standard bow.

I hereby certify that the above-named applicant is eligible for the "Permit To Modify Archery Equipment" due to the applicant's **PERMANENT** medical condition checked above.

PRINT – M.D. or D.O. Name

M.D. or D.O. Office Phone Number

PRINT – M.D. or D.O. Address

M.D. or D.O. License #

M.D. or D.O. Signature

Date